

FIG. 1

2/24

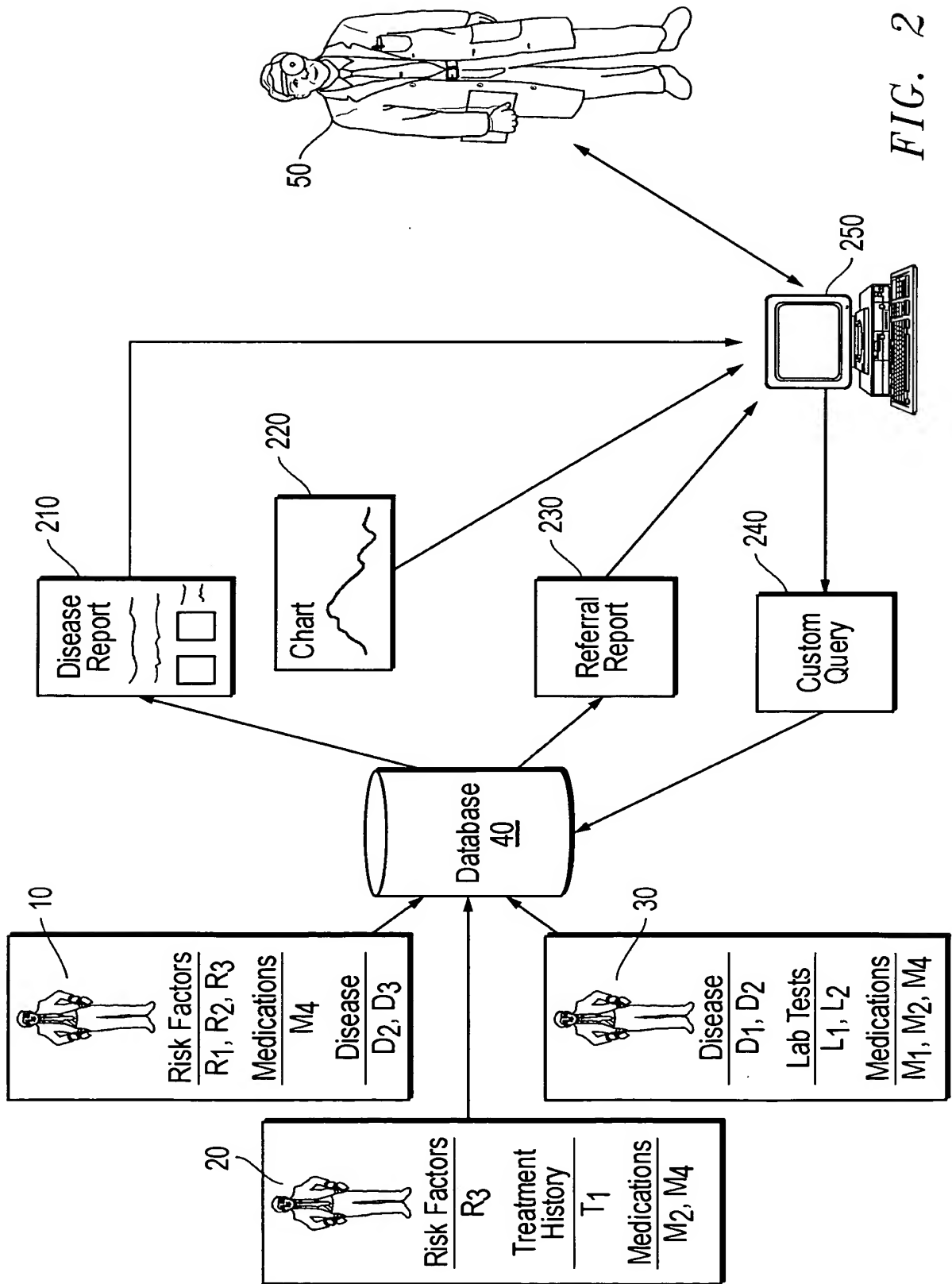


FIG. 2

3/24

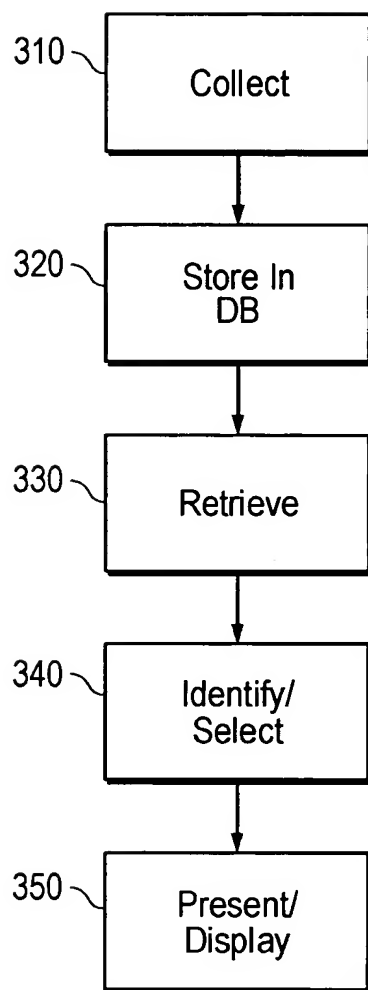


FIG. 3

4/24

400

Initial Visit

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center			
Vitals	Last Visit	This Visit	012345	Griffen	Henery		
Date mm/dd/yy	01/01/02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P	70	03/17/32	Male	
Weight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		123 Main Street	Placerville	CA		
Height	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Lovelace	English			
Pulse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		European	White	Medicaid + Medicare		
Resp Rate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
BMI	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Not Homeless	Not Migrant	
Temp	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Oak				
Systolic BP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Diastolic BP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Chronic Conditions

Medications

Laboratory Test Results

Other Diagnostic Tests

Vaccinations and Immunizations

Risk Factors

Other Measures

Referrals and Education

Other Notes

Chart# 012346 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<First <Previous 1 of 1 75 Next> Last>> Close Preview

Back Creating encounter note for 012345

FIG. 4



5/24

500

Diagnosis of Diabetes

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center				
Vitals	Last Visit	This Visit		012345	Griffen	Henery		
Date mm/dd/yy	02/01/02	<input type="checkbox"/>	<input type="checkbox"/>	P	70	03/17/32	Male	
Weight	145.0	<input type="checkbox"/>	<input type="checkbox"/>	123 Main Street	Placerville	CA		
Height	5' 4.0"	<input type="checkbox"/>	<input type="checkbox"/>	Lovelace	English	Medicaid + Medicare		
Pulse		<input type="checkbox"/>	<input type="checkbox"/>	European	White	Not Homeless	Not Migrant	
Resp Rate		<input type="checkbox"/>	<input type="checkbox"/>	Oak				
BMI	24.0	<input type="checkbox"/>	<input type="checkbox"/>					
Temp	98.6	<input type="checkbox"/>	<input type="checkbox"/>					
Systolic BP	120	<input type="checkbox"/>	<input type="checkbox"/>					
Diastolic BP	85	<input type="checkbox"/>	<input type="checkbox"/>					
Chronic Conditions				Risk Factors				
Diagnosed Conditions	Dx Date	D/C		Family History	Date	D/C		
Diabetes Type 1	02/01/02			Behaviors		C P N		
Potential Chronic Diseases	Add			SM BG		<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>			Smoking		<input type="checkbox"/>	<input type="checkbox"/>	
Retinopathy	<input type="checkbox"/>			C=current; P=past; N=never				
Post-MI	<input type="checkbox"/>			Other Measures				
P Vasc Dis	<input type="checkbox"/>			Test	Value	Date	Pref Ref	
Neuropathy	<input type="checkbox"/>			Exercise wk			<input type="checkbox"/>	<input type="checkbox"/>
Nephropathy	<input type="checkbox"/>			Foot Index			<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>			Referrals and Education				
Dyslipidemia	<input type="checkbox"/>			Refer/Educat	Date	Pref	Ref Dec	
CAD	<input type="checkbox"/>			Foot Exam		<input type="checkbox"/>	<input type="checkbox"/>	
CHF	<input type="checkbox"/>			Hospital		<input type="checkbox"/>	<input type="checkbox"/>	
CerebroVasc Dz	<input type="checkbox"/>			SM Goal Set		<input type="checkbox"/>	<input type="checkbox"/>	
Medications				Dental Exam		<input type="checkbox"/>	<input type="checkbox"/>	
Class	Name	Date	D/C	Smoke Cess		<input type="checkbox"/>	<input type="checkbox"/>	
Other Medications to Consider	Cont	Add		Ref Exam		<input type="checkbox"/>	<input type="checkbox"/>	
OtherLipidMe	Class	<input type="checkbox"/>	<input type="checkbox"/>	Nutrit Edu		<input type="checkbox"/>	<input type="checkbox"/>	
Statins	Class	<input type="checkbox"/>	<input type="checkbox"/>	DM Edu		<input type="checkbox"/>	<input type="checkbox"/>	
Other BP Med	Class	<input type="checkbox"/>	<input type="checkbox"/>	Other Notes				
ARB	Class	<input type="checkbox"/>	<input type="checkbox"/>	Meter Type:				
Antiplat/coag	ASA	<input type="checkbox"/>	<input type="checkbox"/>	Encount Note:				
ACE Inhibitor	Class	<input type="checkbox"/>	<input type="checkbox"/>					
Insulin	Class	<input type="checkbox"/>	<input type="checkbox"/>					
Laboratory Test Results								
Test	Value	Date	Pref					
ALT			<input type="checkbox"/>					
Creat Clear			<input type="checkbox"/>					
MIA/Cr			<input type="checkbox"/>					
Triglyc			<input type="checkbox"/>					
HDL			<input type="checkbox"/>					
LDL			<input type="checkbox"/>					
Chol			<input type="checkbox"/>					
HbA1c			<input type="checkbox"/>					
Other Diagnostic Tests								
Test	Result	Date	Pref					
Cardio Strss			<input type="checkbox"/>					
EKG			<input type="checkbox"/>					
Vaccinations and Immunizations								
Vac/Imm	Date	Pref	Ref Dec					
Flu Vac		<input type="checkbox"/>	<input type="checkbox"/>					
Pneumovax#		<input type="checkbox"/>	<input type="checkbox"/>					

Chart# 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<First <Previous 1 of 1 75 Next> Last>> Close Preview

Back Creating encounter note for 012345

FIG. 5



6/24

600

Diagnosis of Coronary Artery Disease

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center			
Vitals	Last Visit	This Visit		012345	Griffen	Henery	
Date mm/dd/yy	03/01/02			IP	70	03/17/32	Male
Weight	153.0			123 Main Street	Placerville	CA	
Height	5 4.0"				Lovelace	English	
Pulse				European	White	Medicaid + Medicare	
Resp Rate						Not Homeless	Not Migrant
BMI	26.2			OAK			
Temp	98.6			Other Diagnostic Tests			
Systolic BP	123			Test	Result	Date	Pref Ref
Diastolic BP	88			CardiacCat			
Chronic Conditions				CardioStress			
Diagnosed Conditions	Dx Date	D/C		Echo			
Coronary Artery Disease	03/01/02			EKG			
Diabetes Type 1	02/01/02			Revasc			
Potential Chronic Diseases	Add			Vaccinations and Immunizations			
Depression				Vad/Imm	Date	Pref Ref Dec	
Retinopathy				Flu Vac	03/03/02	X	
Post-MI				Pneumovax#			
P Vasc Dis				Risk Factors			
Neuropathy				Family History	Date	D/C	
Nephropathy				Fb+DM	03/01/02		
Hypertension				Fb+CHD		C P N	
Dyslipidemia				Behaviors			
DM Type 2				Daily Weighing	current		
CHF				SMBG	unknown		
CerebroVascDz				Smoking	past		
Medications				C=current, P=past, N=never	Other Measures		
Class	Name	Date	D/C	Test	Value	Date	Pref Ref
Insulin	Class	03/01/02		Exercise wk	3	03/01/02	
Other Medications to Consider				Foot Index	2	03/03/02	
OtherLipidMe	Class			LVEF			
Statins	Class			NYHA Class			
Nitrates	Class			Referrals and Education			
Other BP Med	Class			Refer/Educ	Date	Pref Ref Dec	
Calc Chan Bl	Class			PostMIRehab		X	
Diuretic	Class			Depression Sc			
Beta Blocker	Class			Foot Exam			
ARB	Class			CVD Educ			
Antiplate/coag	ASA			Hospital			
Lipid lower	Class			SM Goal Set		X	
ACE Inhibitor	Class			Dental Exam			
Laboratory Test Results				Smoke Cess			
Test	Value	Date	Pref Ref	Rel Exam		X	
Triglyc	40	03/02/02		Nutrit Edu			
HDL	80	03/02/02		DM Edu			
LDL	115	03/02/02		Other Notes			
HBA1c	14	03/02/02		Meter Type: Dionelex M54			
CreatClear	132	03/02/02		Encount Note: Highly motivated			
ALT				SM Goal Desc			
Potassium							
MAI/Cr							
Chol							

Chart# 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<First <Previous 1 of 1 75 Next> Last>> Close Preview

Back

FIG. 6



7/24

700

Diagnosis of Major Depression

Patient Electronic Care System - Encounter - Encounter Documents

Encounter Note				Oak Health Center								
Vitals	Last Visit	This Visit		012345	Griffen	Henery						
Date mm/dd/yyyy	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	P	70	03/17/32	Male					
Weight	155.0	<input type="checkbox"/>	<input type="checkbox"/>	123 Main Street	Placerville	CA						
Height	5 4.0"	<input type="checkbox"/>	<input type="checkbox"/>		Lovelace	English						
Pulse		<input type="checkbox"/>	<input type="checkbox"/>	European	White	Medicaid + Medicare						
Resp Rate		<input type="checkbox"/>	<input type="checkbox"/>			Not Homeless	Not Migrant					
BM	26.6			OAK								
Temp	98.6	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Test Results				Referrals and Education				
Systolic BP	125	<input type="checkbox"/>	<input type="checkbox"/>	Test	Value	Date	Pref	Ref	Refer/Educ	Pref	Ref	Dec
Diastolic BP	87	<input type="checkbox"/>	<input type="checkbox"/>	Potassium	5	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	CSD FU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Conditions				Great Clear	120	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	PostMI Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed Conditions	Dx Date	D/C		Triglyc	47	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	Depression Sc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Depression Recur	07/08/02	<input type="checkbox"/>		HDL	87	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	Foot Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease	03/01/02	<input type="checkbox"/>		LDL	108	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	CVD Educ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type 1	02/01/02	<input type="checkbox"/>		HbA1c	13	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential Chronic Diseases		Add		ALT			<input type="checkbox"/>	<input type="checkbox"/>	SM Goal Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression		<input type="checkbox"/>		TSH			<input type="checkbox"/>	<input type="checkbox"/>	Dental Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinopathy		<input type="checkbox"/>		MA/UCr			<input type="checkbox"/>	<input type="checkbox"/>	Ment Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-MI		<input type="checkbox"/>		Chol			<input type="checkbox"/>	<input type="checkbox"/>	Smoke Cess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P Vaso Dis		<input type="checkbox"/>		Other Diagnostic Tests					Ret Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropathy		<input type="checkbox"/>		Test	Result	Date	Pref	Ref	Nutrit Edu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephropathy		<input type="checkbox"/>		Cardiac Cat	2v5/CA	05/03/02	<input type="checkbox"/>	<input type="checkbox"/>	DM Edu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension		<input type="checkbox"/>		CardioStress	Negative	05/03/02	<input type="checkbox"/>	<input type="checkbox"/>	Other Notes			
Dyslipidemia		<input type="checkbox"/>		EKG	RRB	05/03/02	<input type="checkbox"/>	<input type="checkbox"/>	Meter Type: Dioneitx M54			
DM Type 2		<input type="checkbox"/>		Echo			<input type="checkbox"/>	<input type="checkbox"/>	Encount Note: Highly motivated			
CHF		<input type="checkbox"/>		Revasc			<input type="checkbox"/>	<input type="checkbox"/>	CSD FU Desc			
CerebroVascDz		<input type="checkbox"/>		Vaccinations and Immunizations					SM Goal Desc			
Medications				Class	Name	Date	D/C	Vac/Imm	Date	Pref	Ref	Dec
Anti-Depress	Class	07/08/02	<input type="checkbox"/>	Flu Vac			<input type="checkbox"/>	03/03/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	Class	05/01/02	<input type="checkbox"/>	Pneumovax#			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Medications to Consider				Cont	Add	Risk Factors						
OtherLipidMe	Class		<input type="checkbox"/>	Family History	Date	D/C						
Statins	Class		<input type="checkbox"/>	Fb+DM	03/01/02	<input type="checkbox"/>						
Mood Stabiliz	Class		<input type="checkbox"/>	Fb+Depres	05/01/02	<input type="checkbox"/>						
Tricyclics	Class		<input type="checkbox"/>	Fb+CHD		<input type="checkbox"/>						
SSRI's	Class		<input type="checkbox"/>	Physical Abuse		<input type="checkbox"/>						
Nitrates	Class		<input type="checkbox"/>	Hist Trauma		<input type="checkbox"/>						
Other BP Med	Class		<input type="checkbox"/>	Behaviors		<input type="checkbox"/>						
Calc Chan Bl Med	Class		<input type="checkbox"/>	Daily Weighing	current	<input type="checkbox"/>						
Diuretic	Class		<input type="checkbox"/>	SMBG	unknown	<input type="checkbox"/>						
Beta Blocker	Class		<input type="checkbox"/>	Smoking	past	<input type="checkbox"/>						
ARB	Class		<input type="checkbox"/>	C=current; P=past; N=never								
Antiplat/coag	Class		<input type="checkbox"/>	Other Measures								
Lipid lower	Class		<input type="checkbox"/>	Test	Value	Date	Pref	Ref				
ACE Inhibitor	Class		<input type="checkbox"/>	Exercise wk	3	03/01/02	<input type="checkbox"/>	<input type="checkbox"/>				
				Foot Index	2	03/03/02	<input type="checkbox"/>	<input type="checkbox"/>				
				PHQ Index	17	05/01/02	<input type="checkbox"/>	<input type="checkbox"/>				
				LVEF			<input type="checkbox"/>	<input type="checkbox"/>				
				NYHA Class			<input type="checkbox"/>	<input type="checkbox"/>				
				PHQ Current			<input type="checkbox"/>	<input type="checkbox"/>				

Chart# 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02

Help <<First <Previous 1 of 1 75 Next> Last>> Close Preview

Back Creating encounter note for 012345

FIG. 7



8/24

800

Diagnosis of Asthma

Patient Electronic Care System - Encounter - Encounter Documents									
Encounter Note					Oak Health Center				
Vitals		Last Visit		This Visit		012345 Griffen Henery			
Date mm/dd/yy		06/04/02				P 70 03/17/32 Male			
Weight		154.0				123 Main Street Placerville CA			
Height		5 4.0"				Lovellace English			
Pulse						European White Medicaid + Medicare			
Resp Rate						Not Homeless Not Migrant			
BMI		26.4				OAK			
Temp		98.8				Laboratory Test Results			
Systolic BP		120				Other Measures			
Diastolic BP		84							
Office PEFR									
Pulse Ox									
Chronic Conditions					Test Value Date Pref Ref				
Diagnosed Conditions Dx Date D/C					Polassium 5 05/01/02				
Major Depression Recur 07/08/02					Creat Clear 120 05/01/02				
Asthma 06/04/02					Triglyc 47 05/01/02				
Coronary Artery Disease 03/01/02					HDL 87 05/01/02				
Diabetes Type 1 02/01/02					LDL 108 05/01/02				
Potential Chronic Diseases					HbA1c 13 05/01/02				
Depression					ALT				
Retinopathy					TSH				
Post-MI					MAA/Cr				
P Vasc Dis					Chol				
Neuropathy					Other Diagnostic Tests				
Nephropathy					Test Result Date Pref Ref				
Hypertension					CardiacCat 2V/C 05/03/02				
Dyslipidemia					CardioStress Negative 05/03/02				
DM Type 2					EKG RBBB 05/03/02				
CHF					Allergy Skin				
CerebroVascDz					Asthma Bas				
					Asthma Cur				
					Echo				
					Revasc				
Medications					Vaccinations and Immunizations				
Class Name Date D/C					VactImm Date Pref Ref Dec				
Anti-Depress Class 07/08/02					Flu Vac 03/03/02				
Insulin Class 05/01/02					Pneumovax#				
Other Medications to Consider Cont Add					Risk Factors				
OtherLipidMe Class					Family History Date D/C				
Statins ASA					FhxDM 03/01/02				
Mood Stabiliz Class					FhxDepres 05/01/02				
Tricyclics Class					FhxCHD				
SSRI's Class					Physical Abuse				
Nasal Steroids Class					Hist Trauma				
Beta-Agonists Class					Behaviors				
ICS Class					Daily Weighing				
Oral Steroids Class					EnvironTngers				
Bronchodilato Class					SMBG				
Nitrates Class					Smoke Household				
Other BP Med Class					Smoking				
Calc Chan Bl Class					C=current, P=past, N=never				
Duretic Class									
Beta Blocker Class									
ARB Class									
Antiplat/coag Class									
Lipid lower Class									
ACE Inhibitor Class									
					Referrals and Education				
					Refer/Educat Date Pref Ref Dec				
					Spirometry				
					CSD FU				
					AsthmaPlan				
					AsthAcuteEdu				
					PostMIRehab				
					SubAbuseScr				
					Depression Sc				
					Foot Exam				
					CVD Educ				
					Hospital				
					SM Goal Set				
					Dental Exam				
					Ment Health				
					Smoke Cess				
					Ret Exam				
					Nutrit Edu				
					DM Edu				
					Other Notes				
					Meter Type: Dioneix M54				
					Encount Note: Highly motivated				
					CSD FU Desc				
					SM Goal Desc				
					Written Act Pl				
Chart# 012345 Henery, P Griffen Page 1 of 1 Date Printed: 7/8/02									
Help		<<First <Previous		1 of 1		75		Next> Last>> Close Preview	
Back		Creating encounter note for 012345							

FIG. 8



9/24

900

Example Run Charts

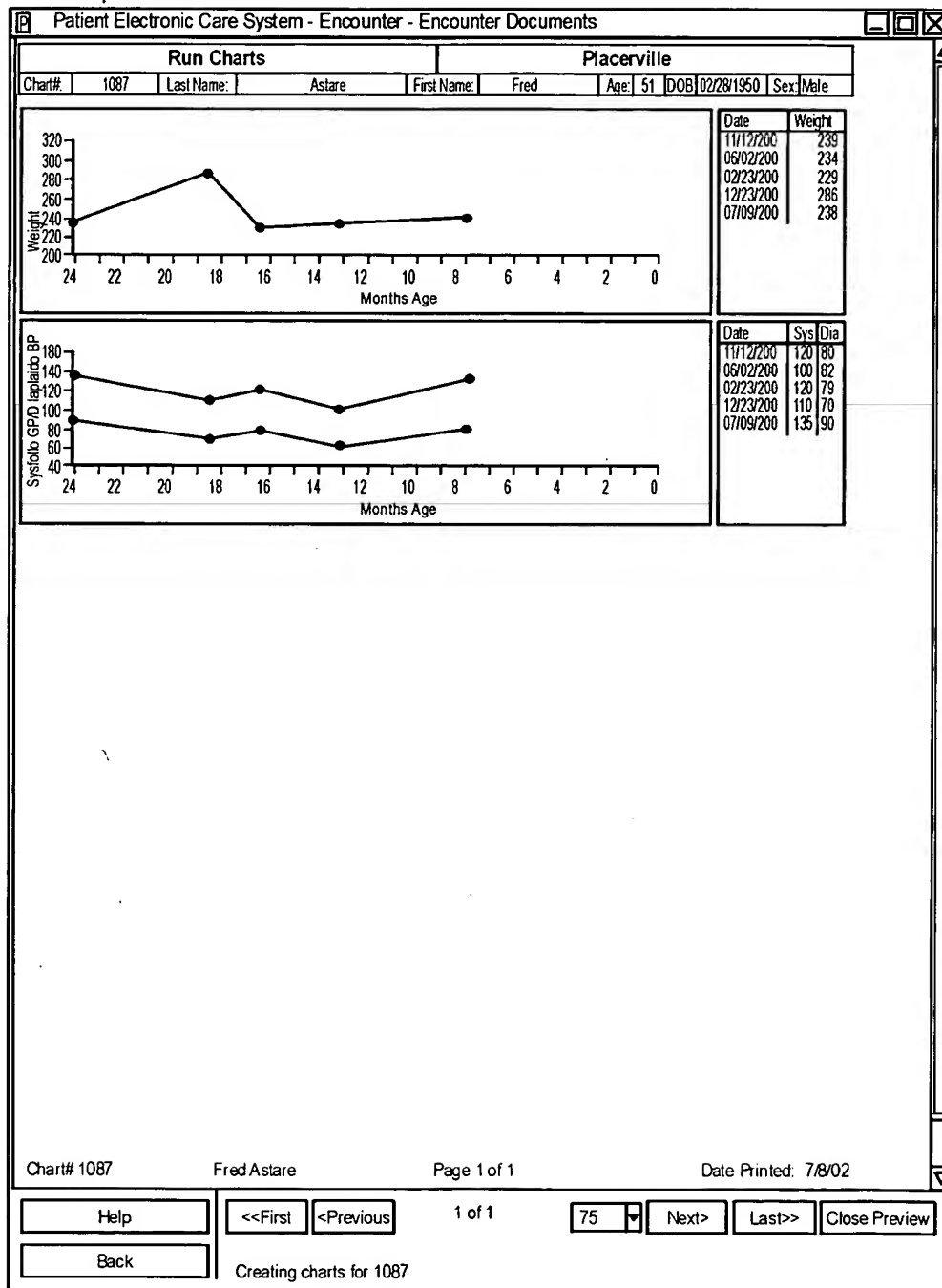


FIG. 9



10/24

1000

Pick List		iif(len(@encounterclinic)>0, @encounter							
Chart#:	[medical_reco	Last Name:	[last_name]	First Name:	[first_name]	Age: @ag	DOB [date of b]	Sex:	[sex]
Demographics					Vitals				
<input type="checkbox"/> Add	<input type="checkbox"/> Age	<input type="checkbox"/> Behavioral Health Provider	<input type="checkbox"/> Benefit Coverage Dental	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Chart Number	<input type="checkbox"/> City	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact Phone
<input type="checkbox"/> First Name	<input type="checkbox"/> Homeless	<input type="checkbox"/> Insurance	<input type="checkbox"/> Insurance Type	<input type="checkbox"/> Language Spoken	<input type="checkbox"/> Last Name	<input type="checkbox"/> Middle Initial or Name	<input type="checkbox"/> Migrant	<input type="checkbox"/> Phone Number	<input type="checkbox"/> Phone Number 2
<input type="checkbox"/> Primary Provider	<input type="checkbox"/> Race	<input type="checkbox"/> Refugee Status	<input type="checkbox"/> School/Day Care Name	<input type="checkbox"/> School/Day Care Phone	<input type="checkbox"/> Sex	<input type="checkbox"/> State	<input type="checkbox"/> Street Address One	<input type="checkbox"/> Street Address Two	<input type="checkbox"/> Zip Code
<input type="checkbox"/> Add	<input type="checkbox"/> Body Mass Index	<input type="checkbox"/> Diastolic Blood Pressure	<input type="checkbox"/> Height	<input type="checkbox"/> Office peak flow	<input type="checkbox"/> Pulse	<input type="checkbox"/> Respiratory Rate	<input type="checkbox"/> Systolic Blood Pressure	<input type="checkbox"/> Temperature	<input type="checkbox"/> Weight
<input type="checkbox"/> Add	<input type="checkbox"/> Acute-MI	<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Asthma Exacerbation	<input type="checkbox"/> Bipolar	<input type="checkbox"/> Bronchopulmonary dysplasia	<input type="checkbox"/> Cerebrovascular Disease	<input type="checkbox"/> Chronic (Dysthymia)	<input type="checkbox"/> Chronic Obstructive Pulmona
<input type="checkbox"/> Chronic Artery Disease	<input type="checkbox"/> Chronic Peridontitis	<input type="checkbox"/> Chronic Renal Insufficiency	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> GERD	<input type="checkbox"/> Diabetes Gestational	<input type="checkbox"/> Eczema
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HIV	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Major Depression Single Epis	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Major Depression Recurrent	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Influenza	<input type="checkbox"/> Nasal Polyps
<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Post-MI	<input type="checkbox"/> Reflux	<input type="checkbox"/> Urticaria	<input type="checkbox"/> Minor depression	<input type="checkbox"/> Sinusitis Acute	<input type="checkbox"/> Tuberculosis		<input type="checkbox"/> Obesity	<input type="checkbox"/> Retinopathy
<input type="checkbox"/> Weight Gain				<input type="checkbox"/> Viral Infection					

Chart # [medical_reco] [firstname] & " "&[last_name] Page 1 of 3 Date Printed: *& Date
d_number]

FIG. 10



12/24

1000

Pick List		iif(len(@encounterclinic)>0, @encounterclinic)									
Chart#:	[medical_record]	Last Name:	[last_name]	First Name:	[first_name]	Age:	@ag	DOB:	[date_of_birth]	Sex:	[sex]
<div><div><input type="checkbox"/> Add Family History</div><div><input type="checkbox"/> Alcoholic Parent</div><div><input type="checkbox"/> Domestic Violence</div><div><input type="checkbox"/> Family History of Asthma</div><div><input type="checkbox"/> Family History of Atopy</div><div><input type="checkbox"/> Family History of CHD</div><div><input type="checkbox"/> Family History of DM</div><div><input type="checkbox"/> Family History of Depression</div><div><input type="checkbox"/> Sexual Abuse</div></div> <div><div>Risk Factors</div><div><input type="checkbox"/> Add Occupational History</div><div><input type="checkbox"/> ER Nurse</div><div><input type="checkbox"/> Migrant Worker</div><div><input type="checkbox"/> Prostitute</div></div> <div><div>C P N Behaviors</div><div><input type="checkbox"/> Alcohol Abuse</div><div><input type="checkbox"/> Allergen Exposure</div><div><input type="checkbox"/> Animals In Household</div><div><input type="checkbox"/> Daily Weighing</div><div><input type="checkbox"/> Day Care</div><div><input type="checkbox"/> Drug Abuse (other)</div><div><input type="checkbox"/> Drug Use (IV)</div><div><input type="checkbox"/> Environmental Triggers</div><div><input type="checkbox"/> Medication Non-adherence</div><div><input type="checkbox"/> Nebulizer</div><div><input type="checkbox"/> Peak Flow Monitoring</div><div><input type="checkbox"/> Risky Sex (hetero)</div><div><input type="checkbox"/> Risky Sex (same)</div><div><input type="checkbox"/> Self Monitor Blood Glucose</div><div><input type="checkbox"/> Smoke in Household</div><div><input type="checkbox"/> Smoking</div><div><input type="checkbox"/> Triggers Allergies</div><div><input type="checkbox"/> Triggers Bird</div><div><input type="checkbox"/> Triggers Cat</div><div><input type="checkbox"/> Triggers Dog</div><div><input type="checkbox"/> Triggers Dust</div><div><input type="checkbox"/> Triggers ETS</div><div><input type="checkbox"/> Triggers Exercise</div><div><input type="checkbox"/> Triggers Mold</div><div><input type="checkbox"/> Triggers Roach</div><div><input type="checkbox"/> Use of MDI</div><div><input type="checkbox"/> Use of Spacer</div></div>											

1205

FIG. 12



13/24

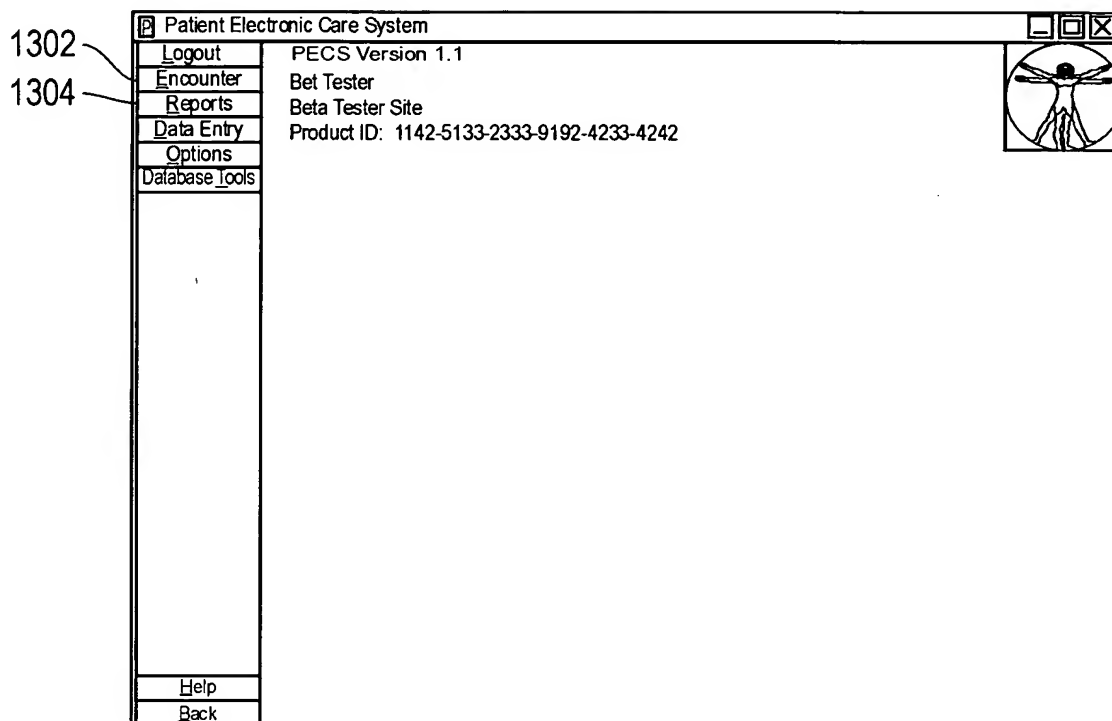


FIG. 13

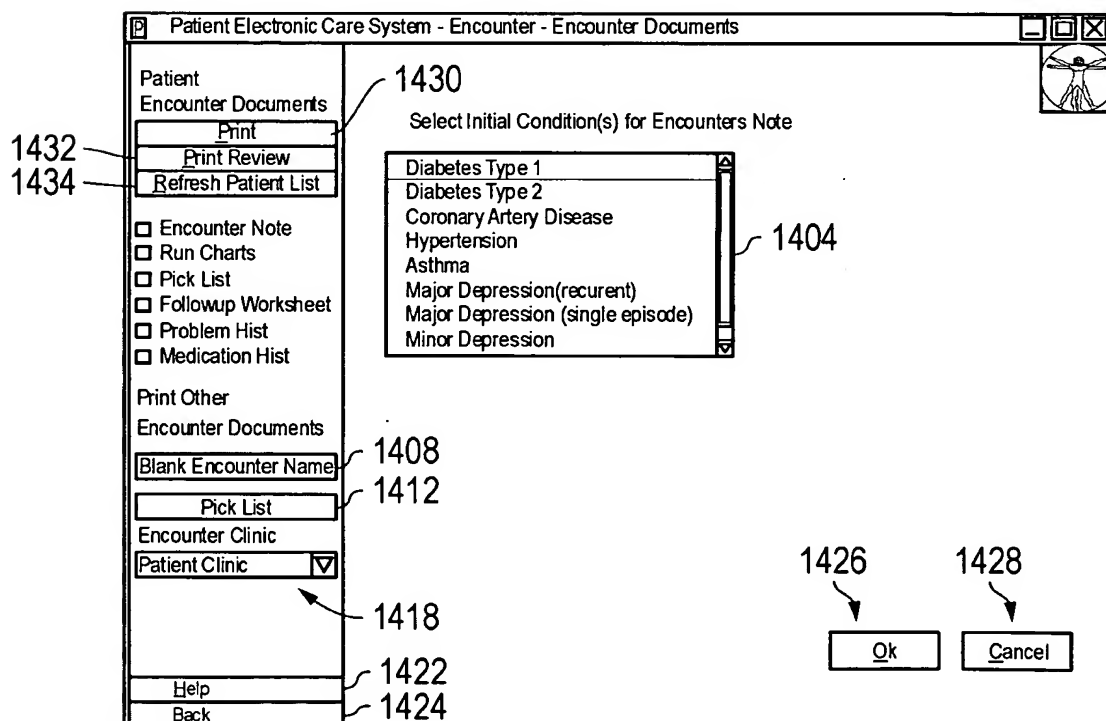


FIG. 14



14/24

1520 Patient Electronic Care System - Encounter - Encounter Documents

1522 Patient Encounter Documents

1524

1526

1528

1530 ☐ Encounter Note

☐ Run Charts

☐ Pick List

☐ Followup Worksheet

☐ Problem Hist

☐ Medication Hist

Print Other

Encounter Documents

Encounter Clinic

Patient Clinic ☒

Patient Pick List Basis: 1505

Select by Clinic and Provider ☒

1507 Clinics

abc
test

1509 Providers

_none
qqq
zzz

1513 chart number




FIG. 15



15/24

Follow-up Worksheet				abc							
Chart#	1231	Last Name:	sssssss	First Name:	ss	Age:	35	DOB	02/08/1967	Sex:	Other
<div> <div>Lab Tests Ordered:</div> <div>Other Diagnostic Tests Ordered:</div> <div>Vaccinations Ordered:</div> <div>Other Measures Ordered:</div> <div>Referrals and Education Ordered:</div> </div>											

Chart# 1231

SSSSSSS, SSSSSSS

Page 1 of 1

Date Printed: 7/8/2002



18/24

1902
1904
1906
1908
1910
1912
1914

Patient Electronic Care System - Data Entry

☒ New Patient
☐ Add Patient Data
☐ Edit Patient Data
☐ Configure Run Charts
☐ Make Patient Active
☐ Make Patient Inactive
☐ Effective Dates

☒ Show Active Patients
☐ Show Inactive Patients

Refresh Patient List

Help

Back

All Patients

Chart Number:




FIG. 19

Patient Electronic Care System - Data Entry

Add New Patient

Clinic
Primary Provider
Date Active 7/14/2002
Chart Number
Last Name
First Name
Middle Initial or Name
Date of Birth
Sex
Street Address One
Street Address Two
City
State
Zip Code
Phone Number
Language Spoken
Ethnicity
Race
Insurance
Homeless
Migrant

Help

Back

Ok Cancel

FIG. 20



19/24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss Age: 35 DOB: 02/08/67 Sex: Other

	07/04/02	Last Visi	This Visit
Weight	290.0		
Height	5' 10.0"		
Pulse	85		
Resp Rate	20		
Temp	102.0		
Systolic BP	125		
Diastolic BP	59		

FIG. 21

Patient Electronic Care System

Patient: Med Rec No:

Authorizing provider:

Reason for change:

Office peak flow

Pulse Oximetry

Waist Circumference Inches

Waist Hip Ratio

To add item select items, then click OK. To cancel click Cancel

FIG. 22



20/24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss Age: 35 DOB: 02/08/67 Sex: Other

Chronic Conditions

07/04/02	Last Visit	This Visit
Diagnosed Conditions	Dx Date	D/C
Potential Chronic Diseases	Add	
Bipolar	<input type="checkbox"/> Remove	<input type="button" value="Details"/>
Chronic Bronchitis	<input type="checkbox"/> Remove	<input type="button" value="Details"/>
Tuberculosis	<input type="checkbox"/> Remove	<input type="button" value="Details"/>
Depression	<input type="checkbox"/> Remove	<input type="button" value="Details"/>

Acute Conditions

Acute Peridontitis	<input type="checkbox"/> Remove	<input type="button" value="Details"/>
Influenza	<input type="checkbox"/> Remove	<input type="button" value="Details"/>
Viral Infection	<input type="checkbox"/> Remove	<input type="button" value="Details"/>

Add New

Help Demo Vitals Meds Labs Other Tests Close

Back Vac / Imm Risk Factors Other Measures Ref / Edu Other Notes

FIG. 23

Patient Electronic Care System

Patient: SSSSSSS, SSSSSSS, S Med Rec No: 1231

Condition:

Diagnosis

Date: 7/4/2002

Note:

Provider:

Chronic

Cured ☐ (enter date cured)

Date:

Note:

Provider:

Ok Cancel

FIG. 24



21/24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider:

Clinic: Next Visit Date: Encounter Type:

Chart Number: 1231 Last Name: ssssss First Name: ssssss Age: 35 DOB: 02/08/67 Sex: Other

Medications

Class	Name	Date	D/C
AG Inhibitor	miglitol	07/04/02	<input type="checkbox"/> Remove Details
Biguanides	metformin	07/04/02	<input type="checkbox"/> Remove Details
Alpha 2 Antag	Class	07/04/02	<input type="checkbox"/> Remove Details
Bronchodilator	Class	07/04/02	<input type="checkbox"/> Remove Details
NRTI	dbi	07/04/02	<input type="checkbox"/> Remove Details
Antiplat/coag	ASA	07/04/02	<input type="checkbox"/> Remove Details
Antiplat/coag	Class	07/04/02	<input type="checkbox"/> Remove Details

FIG. 25

Patient Electronic Care System

Patient: SSSSSS, SSSSSS, S Med Rec No: 1231

Authorizing provider:

Reason for change:

ACE Inhibitor: Class

- ACEI & Diuretic: Class
- AG Inhibitor: acarbose
- AG Inhibitor: Class
- AG Inhibitor: Glyset
- AG Inhibitor: Precose
- Alpha Blockers: Class
- Anti-allergy: Class
- Antiarrhythmic: Class

To add item select items, then click OK. To cancel click Cancel

FIG. 26



22/24

Patient Electronic Care System - Data Entry

Add Patient Data: Encounter Date: Provider: ☒

Clinic: ☒ Next Visit Date: Encounter Type: ☒

Chart Number: 1231 Last Name: ssssss First Name: ssssss, s Age: 35 DOB: 02/08/67 Sex: Other

Laboratory Test Results

Test	07/04/02 Last Visit			This Visit			Ref	Remove	Details
	Value	Date	Pref	Value	Date				
Hemoglobin A1c	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>
LDL	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>
HDL	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>
Microalbuminuria	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>
Potassium	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>
Creatinine	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>
T-4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Remove"/>	<input type="button" value="Details"/>

FIG. 27

Patient Electronic Care System

Patient: SSSSSS, SSSSSS, S Med Rec No: 1231

Authorizing provider:

Reason for change:

24hrUP

ALT
AST
CD4
Chol
Creatinine Clearance
Digoxin Therapeutic Level
Fasting Glucose
IgE Level

To add item select items, then click OK. To cancel click Cancel

FIG. 28



23/24

2900

2920

Patient Electronic Care System - Reports

Report Database:

☒

Report Name:

Report Name	Report Category	Last Modified	Last Run
Asthma Registry Summary Report	Asthma		
CVD Registry Summary Report	Cardiovascular		
Demographic Info for All Pts Registry	General		
Depression Registry Summary Report	Depression		
Detailed Visit Info	General		
DM Registry Summary Report	Diabetes		
List All Pts non-DM	General		
List all Pts non-DM and non-CVD	General		
List Asthma Pts	Asthma		
List Asthma Pts no Action Plan Last xx Days	Asthma		
List Asthma Pts no Assessment Last xx Days	Asthma		
List Asthma Pts no Flu Vacc Last xx Days	Asthma		
List Asthma Pts no Home PFM	Asthma		
List Asthma Pts no Mgmt Edu Last xx Days	Asthma		
List Asthma Pts no Pneumococcal Vacc Last xx Years	Asthma		
List Asthma Pts no Spirometry or PFT Last xx Days	Asthma		
List Asthma Pts Pref to Allergy Last xx Days	Asthma		
List Asthma Pts Ref to Dermatology Last xx Days	Asthma		
List Asthma Pts Ref to Pulmonary Last xx Days	Asthma		
List Asthma Pts Under 5 no Pnevna Vacc	Asthma		
List Asthma Pts with Acute xx ER Last xx Days	Asthma		
List Asthma Pts with Assessement Last xx Days	Asthma		
List Asthma Pts with Hospitalization Last xx Days	Asthma		
List Asthma Pts with Persistent not on Anti-Inflam	Asthma		
List Asthma Pts with Selected Visits	Asthma		
List Asthma Pts with Smoke Exposure Last xx Days	Asthma		
List Asthma Pts with Visit Next xx Days	Asthma		
List Asthma Pts with xx Missed Days	Asthma		
List Asthma Pts with xx Symptom Free Days	Asthma		
List CHF Pts	Asthma		
*	Cardiovascular		

Refresh Patient List

Help

Back

2910

FIG. 29

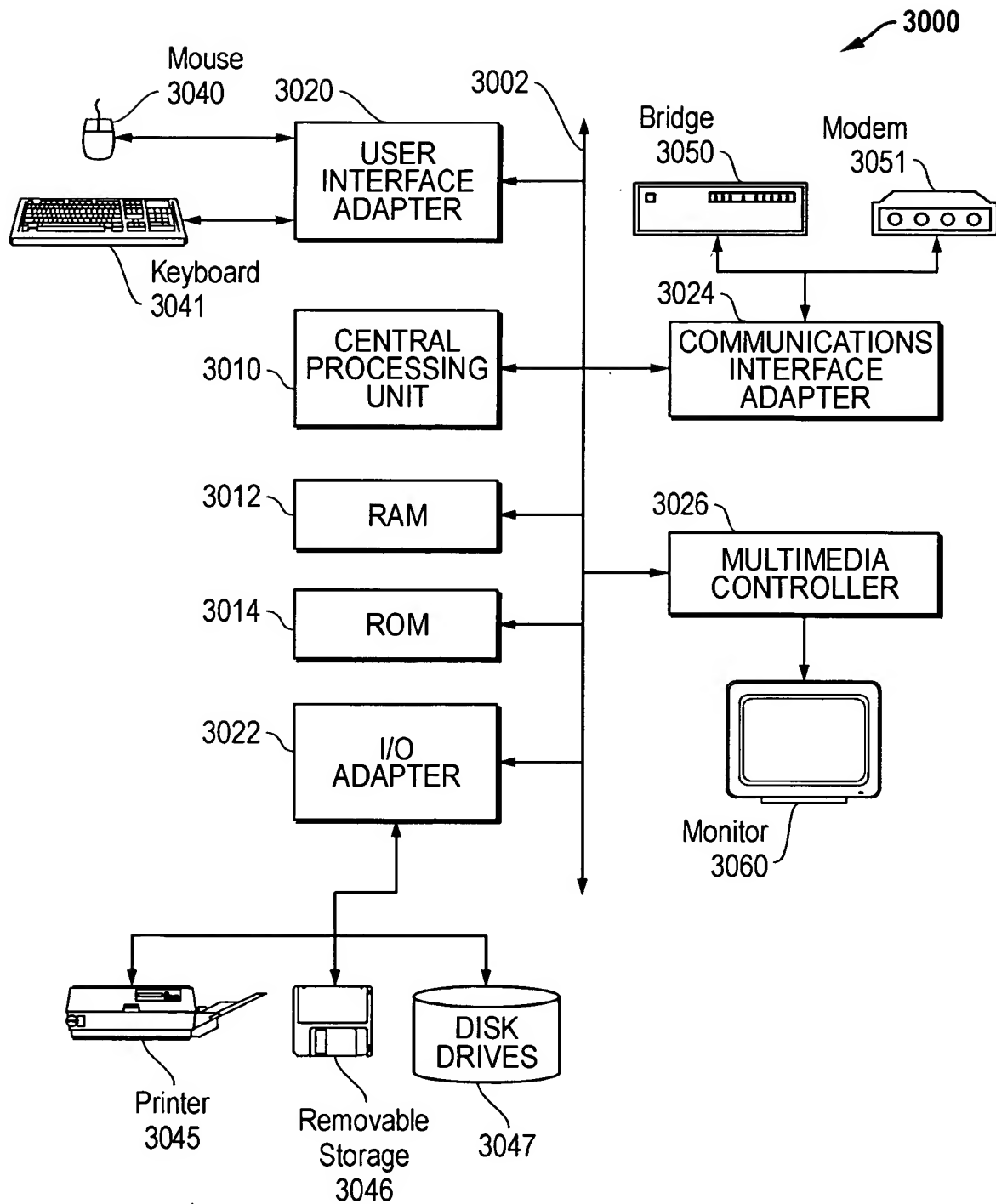


FIG. 30